



Florida Department of
Environmental Protection
Division of Air Resource Management



Miami-Dade DERM
Air Quality Management Division
701 N.W. 1st Court, 8th Floor
Miami, Florida 33136

NOTICE OF DEMOLITION OR ASBESTOS RENOVATION

TYPE OF NOTICE (CHECK ONE ONLY): ☐ ORIGINAL ☐ REVISED ☐ CANCELLATION ☐ COURTESY

TYPE OF PROJECT (CHECK ONE ONLY): ☐ DEMOLITION ☐ RENOVATION ☐ ROOFING

IF DEMOLITION, IS IT AN ORDERED DEMOLITION?

☐ YES

☐ NO

IF RENOVATION:

IS IT AN EMERGENCY RENOVATION OPERATION?

☐ YES

☐ NO

File # _____

IS IT A PLANNED RENOVATION OPERATION?

☐ YES

☐ NO

Process # _____

I. **Facility Name** _____

Address _____

City _____ State _____ Zip _____ County _____

Site _____ Consultant Inspecting Site _____

Building Size _____ (Square Feet) # of Floors _____ Building Age in Years _____

Prior Use: ☐ School/College/University ☐ Residence ☐ Small Business Other _____

Present Use: ☐ School/College/University ☐ Residence ☐ Small Business Other _____

II. **Facility Owner** _____ Phone (_____) _____

Address _____

City _____ State _____ Zip _____

III. **Contractor's Name** _____ Phone (_____) _____

Address _____

City _____ State _____ Zip _____

Is the contractor exempt from licensure under section 469.002(4), F.S.? ☐ YES ☐ NO

IV. **Scheduled Dates:** (Notice must be postmarked 10 working days before the project start date)

Asbestos Removal (mm/dd/yy) Start: _____ Finish: _____ Demo/Renovation (mm/dd/yy) Start: _____ Finish: _____

V. **Description** of planned demolition or renovation work to be performed and methods to be employed, including demolition or renovation techniques to be used and description of affected facility components. _____

Procedures to be Used (Check All That Apply):

<input type="checkbox"/> Strip and Removal	<input type="checkbox"/> Glove Bag	<input type="checkbox"/> Bulldozer	<input type="checkbox"/> Wrecking Ball
<input type="checkbox"/> Wet Method	<input type="checkbox"/> Dry Method	<input type="checkbox"/> Explode	<input type="checkbox"/> Burn Down
OTHER: _____			

VI. **Procedures for Unexpected RACM:** _____

VII. **Asbestos Waste Transporter:** Name _____ Phone (_____) _____

Address _____

City _____ State _____ Zip _____

VIII. **Waste Disposal Site:** Name _____

Address _____

City _____ State _____ Zip _____

IX. **RACM or ACM:** Procedure, including analytical methods, employed to detect the presence of RACM and Category I and II nonfriable ACM.

Amount of RACM or ACM*

_____ square feet surfacing material

_____ square feet cementitious material

_____ linear feet pipe

_____ square feet resilient flooring

_____ cubic feet of RACM off facility components

_____ square feet asphalt roofing

*Identify and describe surfacing material and other materials as applicable:

I certify that the above information is correct and that an individual trained in the provisions of this regulation (40 CFR Part 61, Subpart M) will be on-site during the demolition or renovation and evidence that the required training has been accomplished by this person will be available for inspection during normal business hours.

(Print Name of Owner/Operator)

(Signature of Owner/Operator)

(Date)

(Contact phone #)

DERM USE ONLY

Postmark/Date Received

ID #